## **DEVELOPMENTAL COUNSELING FORM** For use of this form, see FM 22-100; the proponent agency is TRADOC DATA REQUIRED BY THE PRIVACY ACT OF 1974 **AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN) PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates. **ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. DISCLOSURE: Disclosure is voluntary. **PART I - ADMINISTRATIVE DATA** Name (Last, First, MI) Rank/Grade Date of Counseling Social Security No. Organization Name and Title of Counselor PART II - BACKGROUND INFORMATION Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.) Mandatory Counseling under USFK Regulation 190-1, Interim Policy Regarding Privately-Owned Vehicle (POV) Driving Privileges Memorandum, dated 22 April 2004. This counseling is REQUIRED for all USFK servicemembers, grades E-6 and below to be eligible to be issued or re-issued a USFK POV operator's license. The counseling/request for USFK POV operator's license is based on (commander circle one): (1) Counselee is a service member or service member's dependent station in the ROK pursuant to actual command sponsorship orders AND the dependents are physically living in the ROK with the servicemember; OR (2) Request for exception to policy pursuant to Interim Policy Memo PART III - SUMMARY OF COUNSELING Complete this section during or immediately subsequent to counseling. **Key Points of Discussion:** (date) I personally conducted a local records check on you through the COPS system for any prior criminal - On offenses with the servicing Military Police Administrative Section. (Commander's initials). This local records check (did)(did not) reveal any adverse information. If the local records check reveals any adverse information, I will forward this case to the legal office for advice. - I have personally verified that you are in possession of a current and valid state driver's license. I note that you have the (Commander's initials). following restrictions on your driver's license (e.g. must wear glasses): - I have personally verified that your POV insurance is up-to-date and adequate. (Commander's initials). It is your responsibility to maintain up-to-date and adequate POV insurance. I stress that at no time may you operate a POV in the ROK without insurance. You must provide proof of insurance on demand to your chain of command. - You will not be considered for a USFK POV operator's license until you have reviewed the USFK Provost Marshal's slide presentation on Driving Under the Influence. - Driving under the influence of alcohol or other intoxicants is unacceptable. If you have anything to drink at all, you should not drive. Driving under the influence leads to both serious accidents and death. USFK servicemembers driving under the influence negatively effects the USFK mission by causing friction with our host country and representing that USFK servicemembers are not law-abiding. If you drive with a blood alcohol level of .05% (as little as one beer) or higher in the ROK, you are driving under the influence. You may be placed on International Hold and held past your DEROS for a DUI offense. You may be convicted in ROK court and sentenced to a fine, jail or both. Currently, there are USFK servicemembers incarcerated in the ROK system for DUI. Countless have paid fines amounting to several thousand dollars each. If you drive under the influence, AR 190-5 requires that the issuance of a General Officer Memorandum of Reprimand which will have negative repercussions on your career. Driving under the influence is also serious misconduct which may lead to Article 15, court-martial, or separation with the potential for discharge characterization of service of less than honorable. If your family member drives while under the influence, they may be barred from post, or shipped home, in addition to other administrative sanctions. - If you are requesting a POV license because you are command sponsored with dependents actually residing with you in the ROK, I will forward this request with my recommendation to the first O-5 in the chain of command who will act as the approval authority. - If you are requesting a POV license as an exception to policy, I will forward this request to the first O-5 in the chain of command who will prepare a written endorsement and forward the request to the Area Commander who is the approval authority. The request will include a detailed explanation of the basis for the exception to policy. OTHER INSTRUCTIONS

USAPA V1.00

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of

Plan of Action: <i>(Outlines actions that the</i> ubordinate's behavior and include a specifi	subordinate will do after the counseling session to r ed time line for implementation and assessment (Par	reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the rt IV below).)
Session Closing: (The leader summarizes appropriate.)	the key points of the session and checks if the subo	ordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if
Individual counseled:	e disagree with the information above.	
(2) I understand that it is my	ed the USFK Provost Marshal's Slyresponsibility to maintain mandate POV license because (circle one):	lide Presentation on Driving Under the Influence tory minimum insurance coverage IAW USFK Reg 190-1;
(a) I am command spons	ored and my dependents actually r	reside with me in the ROK; OR ing in detail why this exception should be granted). expense pursuant to military orders. If yes, I have attached a copy
of the orders to this request.		<u>.</u>
Signature of Individual Counseled:		Date:
Leader Responsibilities: (Leader's respo	nsibilities in implementing the plan of action.)	
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Signature of Counselor:		Date:
	DART W AGGROSS	PHY OF THE DISK OF ACTION
Assessment: (Did the plan of action achi		ENT OF THE PLAN OF ACTION by both the leader and the individual counseled and provides useful information for follow-up
counseling.)		
Counselor:	Individual Counseled:	Date of Assessment:
Note:	Both the counselor and the individual	counseled should retain a record of the counseling.